

Spray System Set-up Verification Documentation

Business Name _____ Operator Name _____
 Mailing Address _____ City _____
 State _____ Zip Code _____ County _____
 Phone # () _____ - _____ Fax # () _____ - _____ E-mail _____

Type sprayer (truck, buggy, tractor, aircraft, or ??) Model # _____ Equipment ID or "N" # _____
 Application rate _____ Boom Length _____ Wing or rotor span - if aerial _____
 Nozzle description - be specific _____
 Nozzle discharge or fan angle _____
 Nozzle orientation with the air stream - aerial _____

Rate (GPA)	Speed (MPH)	Pressure	Orifice Size	Orifice angle	# of Nozzle

List all nozzle sizes - if more than one size/style is used.

Analyst information:

Name _____ Business: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax # _____ E-mail address _____

Technician:

Boom length % of wing/rotor span _____ (70/80%)
 Distance below trailing edge _____ (10" or greater)
 Air Shear Angle _____ (30 deg. or less)
 Nozzle fan angle _____ (65 deg. or greater)
 VMD _____
 VD.1 _____
 VD.9 _____
 % <100 Microns _____
 % <200 Microns _____
 Spray Classification Category _____ (Medium or larger)

I have evaluated this spray platform utilizing accepted engineering and scientific practices and found it to comply with the regulation as promulgated by the ASPB, pursuant to Act 389 of 1975, as amended.

Analysts Signature _____
 (Attach curriculum Vitae)